

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
1	1					
2		1				
3		1				
4		1				
6		1				
6	1					
7		1				
8		1				
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60						
TOTAL NO.	5					
TOTAL DEP.	13					
TOTAL	18					

	NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL NO.						
TOTAL DEP.						
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